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CALIFORNIA MEDICAL JOURNAL.

A Monthly Devoted to the Advancement of
Medicine, Surgery, and the Collateral Sciences.

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CONTENTS.

ORIGINAL COMMUNICATIONS.

Fractures, by M. E. Van Meter, M. D.	228
A Gunshot Wound of the Abdomen, by J. G. Pierce, M. D., Sebastopol, Cal.	234
Some Notes, by E. H. Mattner, M. D.	235
Some Observations on the Therapeutic Action of Remedies, by J. C. Andrews.	237
Certainty in Therapeutics, by John Fearn, M. D. Oakland, Cal.	243
A Reply, by A. E. Scott, M. D.	245
Organic Chemistry, by M. H. Logan, M. D. Ph., G.	246
A Reliable Emmenagogue, by J. Q. Moxley, M. D. Lewiston Idaho,	250

SELECTIONS.

Good News from Colorado.	251
--------------------------	-----

Vomiting of Pregnancy Cured by Local Treatment of Cervix.	252
Gargle for Tonsillitis.	252

EDITORIAL.

Eastern Regulars Becoming More Liberal.	254
Southern Hard Sense.	255
Separate Boards of Medical Examiners for the State of Wisconsin.	255
Personal.	256
Took a Medal.	256
One of Our Graduates.	256
Picnic.	257
We Must Apologize.	258
Dr. Bishop.	258
Climatic.	259
Should Young Physicians Marry.	259

BOOK NOTES.	262-263
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THE ❖CALIFORNIA*MEDICAL*JOURNAL.❖

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The Board of Examiners of the Electric Medical Society of California, will meet throughout the year regularly at 4 o'clock P. M. on the second Thursday of each month, at the office of GEO. G. GERE, M. D., Secretary 112 Grant, Avenue, San Francisco.

NOTICE TO CONTRIBUTORS.—Write on one side of the paper only. Write plain. When you wish to begin a paragraph at a given word, place before it in your MS the sign ¶. Words to be printed in *italics* should be underscored once, in SMALL CAPITALS twice, in LARGE CAPITALS three times.

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CALIFORNIA JOURNAL COMPANY, 1422 FOLSON STREET, SAN FRANCISCO. CAL.

Fractures.

BY M. E. VAN METER, M. D.

Professor of Orthopedic and Clinical Surgery in California Medical College, and, Consulting Surgeon to the Sheltering Arms Hospital, San Francisco, California.

To treat fractures successfully, the surgeon must be a man of good judgement, with more or less mechanical ingenuity and a man of many resources. He must have good judgement to know what to do, and mechanical genius enough to do it, and when one thing, which ordinarily is successful, fails, be able to resort to some other expedient to fill its place.

To treat an uncomplicated case of fracture, it is not necessary to have any knowledge whatever of therapeutical medicine. However we would prefer being treated by a surgeon who was also a physician; for, other things being equal, we think he would, as a rule, be more scientific; and where there are any complications arising it is absolutely necessary that he shall have a practical knowledge—and the more the better—of materia medica and therapeutics. We are often struck with wonder at the small amount of judgement and skill displayed in the treatment of fractures, by men who are good average practitioners and are apparently well posted theoretically, on the more common branches of surgery; yet they lack a something and that something is the one thing needful. Hence it is that a man possessing this required faculty, but with no knowledge of medicine would make a better job in the treatment of a simple fracture, than the physician with all his medical knowledge, who does not possess this particular faculty.

However we shall speak of fractures as we find them and of their treatment as we have been taught by experience. In simple fractures of the long bones, whether treated by physician or layman it is only necessary to restore the limb to a normal position, and then possess ingenuity enough to keep it there without causing the patient pain or an injury to any of the parts. For the lower limbs whether the fracture be above or below the knee we seldom use any splints, except perhaps make a trough of some flexible material, line it with cotton and lay the limb in it. Then with some sand-bags on either side and, when needed, a weight to the foot and we have a dressing easily applied, one that leaves the limb open to inspection at any and all times, and affording the patient the greatest possible amount of comfort. There are no long fixed splints nor perineal bands, rendering the patient helpless and miserable; on the contrary every part of the body is free and untrammelled except the injured limb which lies comfortably between the bags of sand which can be pressed in to fit the contour perfectly and will thus prevent any motion, while at the same time the parts are not bound by

splints, bandages nor plasters while the weight to the foot will keep up the requisite extension. When elevation is desired a folded blanket on a board, wide enough for the limb and the sand-bags, and length to suit the ideas of the doctor and we have things about as comfortable to the patient and as satisfactory as to results as can well be. We usually use a board long enough so we can place one end against the buttock of injured side and the other end on the foot-board of the bed. When the limb is thus elevated there will be no slipping down on the part of the patient, otherwise, it may be necessary to elevate the foot of the bed. But if the patient should slide down too near the foot of the bed, it is only necessary for the attendant to lift the weight while the patient with the well foot and his two hands drags himself back to required place, without any disturbance whatever of the adjusted fragments.

For compound fractures this dressing, in our opinion, is the best that can possibly be devised, keeping the parts in place without any discomforting pressure; always being open to inspection; affording ready means of changing the dressing of the wound; giving free exit to any discharges; admitting of cold or hot irrigation without danger of spoiling splints or causing their removal, which would necessitate their reapplication, which would in many cases be very painful to the patient and retard recovery; and last but not least in favor of this simple dressing is that it is simple, cheap and always available and the surgeon is never recalled in a few hours after reducing a fracture, to loosen bandages which have been made too tight by swelling. On the contrary whether the limb swell much or little it never requires a change of the dressing. We have seen every kind of splint and apparatus used and some of them are very expensive and ingenious, theoretically, but none of them give as much comfort to the patient and at the same time show as good results as the simple dressing we have described. Besides the majority of patients nor country physicians, who do not have a large surgical practice, could afford to buy these expensive splints, and even if they could, they would not be obtainable

outside of our large cities. While in the hospital, in St. Louis, we watched with much interest the application, and outcome of many different kinds of splints. The Hodgen splint was the favorite there, both in hospital and private practice, and a leading surgeon who was an enthusiastic endorser of the Hodgen splint said to us one day, that every case of fractured femur resulted in more or less shortening and that he always expected from $\frac{1}{2}$ to $1\frac{1}{2}$ inches shortening and was satisfied if he treated a case with only $\frac{1}{2}$ inch shortening. The first part of his statement we emphatically contradict. We can show many cases where there is no perceptible shortening, neither by measurement nor in the gait of patients hence we conclude there *is none*. Shortening often occurs by taking off extension too soon or allowing the patient to put his weight on the limb before ossification of the cartilaginous union is complete.

In compound fracture we are often called upon to use our very best judgment as to what to do. Whether to remove a portion of the bone or enlarge the wound and reduce it; and whether to treat the wound as an open one or seal it up. When we feel at all justified in so doing, we, after having thoroughly cleansed the wound and rendered it aseptic, close it up and treat it as any other closed wound, and have had some beautiful results; and recovery taking place much sooner than if we had left an open granulating wound.

Sometimes the fracture is so situated that we cannot use adhesive plaster for extension or it may be a case where the patient's skin will not tolerate the application of the plaster and large blisters will form wherever the plaster touches it, then we must resort to the clove hitch or what is better the top of a lace shoe, and if from any cause we cannot use either of these we will have to use the double inclined plane. Here our resources display themselves. In fracture of the elbow with a spreading of the condyle of the humerus, we take a piece of Surgeon's plaster of required length and width, according to the size of arm, split from either end to within one or two inches of the middle, (size of arm governing length of unsplit space). In the middle of unsplit space

cut a hole of sufficient size to receive the olecranon process.

After having reduced fracture and brought the forearm to a right angle with the upper arm, apply the plaster to back of joint bringing the upper split ends firmly around the lower end of humerus letting them cross in front and extending on down on opposite sides right over the joint and meeting on back of forearm as near over olecranon process as practicable. The lower split ends are carried up on either side of the forearm, crossing on top and extending around the lower end of the humerus meeting on its back. This, when properly applied, will hold the fragments in place. An angular splint may now be applied, which we usually allow patients to wear about four weeks, though we begin passive motion at the end of two weeks. This treatment, has given us perfect results.

For a fractured patella—which has always been a *surgical bugbear*—take the very best surgeon's plaster cut eight to twelve strips, width according to size of limb, and long enough to reach from knee to ankle and from knee well up to perineum. Next take for each strip of plaster four rings with one straight side similar to a buckle without a tongue, or what is better have links made in the shape of a triangle, the object is to have a straight side over which the plaster passes and thus avoiding the wrinkling which the curve of a ring would cause. These rings or links can be made of different sizes, for different widths of strips of plaster, which are themselves governed by size of limb. Next take half of the strips of plaster, and begin just above the knee, and after sticking fast one or two inches or more according to length of limb of each, placing them the proper distance apart, apply one or two turns of roller over the adhered portion; now drop a ring or link on each strip and again apply one or two inches more of the plaster which is also firmly held with the roller. Continue this till required number of rings are on, and leaving several inches of plaster extending beyond the last. These ends must be securely held by the roller, it being a good plan to turn back over the roller the last inch of ends of plaster, which are in turn

covered in by the roller. Thus adjusted the roller prevents the plaster pulling loose from the skin and the ends of plaster turned back prevents it slipping under the roller. Next take an equal number of strips and rings and apply in a similar manner to leg below the knee.

Now take a good strong cord and cut into as many pieces, of required length, as you have rings on one strip of plaster. Take one piece, tie one end in a ring nearest the ankle, carry it to a ring nearest the body, then back to another end ring next to the ankle then back again to the ring next to the body and continue this till all the end rings both next to the ankle and body have been passed through. Then take another cord and begin with the next set of rings farthest from the knee. Continue this till each set of rings has its own cord. Now place the limb on straight posterior splint, then make traction on cord passing through the outer end rings, and when the muscles have been made to relax and the tissue brought toward each other all that is possible, make it fast, and take the cord next to it, and do likewise with each till all have been drawn taut as possible, and we have the greatest possible relaxation of all the muscles and will find no trouble in approximating the fragments nor in keeping them together. If the muscles should not yield sufficiently at first they soon will, and the cords can be tightened as often as the relaxation of muscles cause them to loosen.

When it has been necessary to resect a portion of one of the long bones, we keep on extension, one, two or three months after the patient is up and going about on crutches. In a case of this kind, after the first few weeks, we put on a permanent splint, perhaps of plaster of paris, leaving an opening over site of wound then with a high heel and thick sole on well foot and a bag of shot or bars of lead around the ankle of injured limb; we let the patient go about on crutches during the day, and at night use a weight and pulley, or spring of steel or rubber to the foot of the bed. This is kept up until the wound is entirely healed and there is complete ossification of the new bone, if there is any. If

there is no new bone formation we now throw off the weight and dressing and apply the proper brace to support the weight of the body, and turn them over to the mercies of *vis medicatrix naturae*.

A Gunshot Wound of the Abdomen.

BY J. G. PIERCE, M. D. SEBASTOPOL, CAL.

In the March number of the journal, Professor Van Meter in treating of wounds of the abdomen gives emphasis to the well known axiom that "the amount of shock is often out of proportion to the amount of injury," I am prompted from this to report a case that was singular in lack of development of symptoms indicating the nature and extent of internal injury done. I was called Jan. 12th 10:20 P. M. to see a Chinaman who had received a gunshot wound in his back two inches to the left of the median line on a level with the interspace between the eleventh and twelfth ribs. Upon examination I found that the ball had traversed the abdominal cavity and lodged beneath the integument two and a half inches above and a little to the left of the umbilicus. When removed it proved to be a conical ball of forty-four caliber. He died twenty-seven hours afterwards. By request of the coroner I made a post-mortem examination. The abdomen when opened was found to be filled with blood and water. The line of traverse by the missile after entering the cavity was marked, first, by chipping a splinter from the eleventh vertebra, wounding the abdominal aorta, (this was a minute penetration, I think by the spicula of bone, and probably the source of greatest amount of hemorrhage) thence through the spleen, the posterior wall of the cardiac end of the stomach passing out through the anterior wall an inch and a half to the left of the pyloric orifice. Thence through the duodenum and lower border of the left lobe of the liver lodging in the abdominal wall. The places of entrance and exit in the walls of the stomach seemed to be lacerated and

enlarged beyond what one would expect compared with corresponding penetrations of integument and muscle. After receiving his shot he had walked sixty feet to a bunk in his lodgings. When I entered he was in a semi-recumbent position resting on his elbow. There was but a slight pallor on his countenance showing but small amount of vital depression. When spoken to he raised himself to a sitting position and seemed ready to assume any attitude desired. In fact, shock if present was hardly worth considering at any time after. He drank freely of water and ate rice and other foods when offered which must have passed soon through the large rents in his stomach for it was found as part of the contents mixed with blood. Yet no nausea or vomiting was ever present. The only pain complained of was at the point where the ball was extracted. I was led to believe from the placid and undisturbed general condition of the system that the missile had found a path possibly unobstructed by vital parts. Now I don't know that the report of this case will be of value to any one unless it is to illustrate the exceptions we often meet with to general rules and such as will puzzle the most astute.

Some Notes.

BY E. H. MATTNER, M. D.

HOW DISEASES MAY BE TRANSMITTED.—Not long ago I was in a cigar-maker's establishment and I noticed that every cigar maker when he was finishing the end of a cigar, wet the index finger and thumb with his lips to point it nicely. I wondered at the time if he had a lip-chancere, and question if the disease has not been given to many persons in that way. I know of a case where a few days ago a lady kissed every female in the room and one of these persons I know had syphilis. Some people make a business of kissing everything and anything. The habit of putting money in the mouth is one that might lead to syphilitic infection, and I have wonder-

ed that this habit has not been more productive of diseases, than we have observed. At all events it is well to have our attention and that of the public called to the means of contracting diseases.

TONSILLITIS.—Persons having had tonsillitis once are apt to contract it again, hence a preventive is certainly of value to them. Such a prevention is to be found in the Spc. tr of Guaiac. Twentydrops in a glass of water to be used as a gargle every three hours.

PILOCARPINE is now almost considered a specific in jaundice about one-tenth of a grain to be injected hypodermatically once or twice a day.

WOMEN AND CORONERS JURIES.—A bill has been introduced in the Illinois Legislature providing that women *only* shall sit as members of coroners juries in inquests upon dead women. Ain't this funny?

WHY NOT THUJA IN PLACE OF KOCHINEAL?—Dr. Neuschafer has recently made experiments with hypodermic injection of Thuja occident and has found that its action is quite similar to that of the now famous nosode Koceine but infinitely more harmless. He made but one injection into the arm of a nine year old child whose body was covered with tubercular ulcers, which at the time were secreting an abundance of foetid pus. To his surprise he found that the secretion was greatly diminished a day after the injection and had entirely ceased on the second day, after which the ulcers rapidly healed up. The injections were quite painful but otherwise harmless.

Some Observations on the Theraputic Action of Remedies.

BY J. C. ANDREWS, M. D., SANTA PAULA, CAL.

BRYONIA ALBA.

This is the remedy for lesions inflammatory in character involving the serous or synovial membranes.

The key note to the use of Bryonia is, great dislike to being moved, don't wish to be disturbed, would prefer to remain quiet, suffers when moved.

This remedy always has a part in my prescription in pneumonia, with pleural complications, as pain on deep inspiration, catching of the breath, also it rheumatic troubles; where the joints become involved.

Those of the readers of this valuable journal, who have thus far failed to use this remedy, I would say, get and try it, and you will be pleased with it, remembering the key-note.

BROMIDE OF POTASH.

I have used this remedy in combination with Gelsemium and Pulsatilla in minute doses, in teething children, who are nervous, fretful, restless, sleepless wanting everything, and satisfied with nothing as follows:

R. Bromide Potash	3ss
Tr Pulsatilla	gttsx—xv
Tr Gelsemium	gttsx—xx
Syrup Menth vird	3jv

M. Sig.—One-half teaspoonful every two to four hours when necessary.

I have used it combined with hydrate chloral, sulph morphia, in the treatment of delirium tremens, to allay nervousness and insure sleep with apparent good results.

BISMUTH SUBNITRATE.

Is successfully used in irritated and relaxed condition of

the bowels, from atony of the gastro intestinal mucus membrane.

I have used it combined with sulph of magnesia equal parts in doses of from three to five grains, in diarrheal or dysenteric evacuations of the bowels with happy effect. Its local use in irritated conditions of the skin, especially of infants, is very gratifying.

BORAX.

This is the common antiseptic with me in family practice, especially in the lying in department, where so many physicians use carbolic acid. The patient is ordered to be thoroughly washed with a weak warm solution, and carefully dried; the vagina also receives irrigation to thorough cleansing, when she is dressed and put to bed.

It also finds its way into sinks, chamber utensils, the hands are also cleansed with it. It is ordered as an injection for vaginal or uterine leucorrhea.

It forms a valuable adjunct in mouth washes. The use of the powder on chancres is invaluable, frequently no other local remedy being necessary to effect a cure. The ulcer is carefully cleansed and dried, when the dry powder is applied morning and evening until a cure is effected.

CHIONANTHUS VIRGINICA.

The tincture or fld. ext. (Lloyds) of fringe tree is the remedy par excellence in jaundice, torpor of the liver, biliousness, clay colored stools, threatened indisposition. It may be administered alone, or in combination with other hepatic remedies of known worth, as nux vom. podophyllum and if the stomach is lame specific tincture hydiastis is added, the different remedies being selected according as the indication shall be. A common prescription with me in these troubles is the following.

- | | | |
|----|---|--------------|
| R. | Specific Tr chionanthus vir. | ℥ss—℥j |
| | Tr nux vom | gtts x |
| | Tr hydrastis | ℥j—℥ij |
| | Aqua menth pip | Q. S. ad—℥jv |
| M. | Sig.—Teaspoonful every three or four hours when | |

awake.

Sometimes Lloyd's colorless hydrastis is used instead of the specific tincture by adding \mathfrak{Z}_{ss} — \mathfrak{Z}_j .

Chionanthus is specific in jaundice as I have demonstrated to my satisfaction.

CACTUS GRANDIFLORUS.

The night blooming cereus is the heart remedy in functional disturbance from any cause, giving tone and strength to its muscular walls, increasing its nervous energy and power enabling it to normally perform its function, thereby relieving the capillary congestion.

I have successfully administered it in apparent organic diseases of the heart from rheumatism, there being evident regurgitation, with swelling of the extremities puffing about the eyes, shortness of breath, in alternation with apocynum can, the patient being young was soon benefitted, and in four months was practically well, and has so remained, it being now nearly six years since she began treatment.

The remedies were given as follows.

R.	Tr Cactus grand	\mathfrak{Z}_{ij}
	Tr Collinsonia can	\mathfrak{Z}_j
	Aqua pura	\mathfrak{Z}_{jv}

M. Sig.—Teaspoonful every four hours, when awake alternated with

R.	Tr Apocynum can	\mathfrak{Z}_{ij}
	Aqua pura	\mathfrak{Z}_{jv}

M. Sig.—Teaspoonful every four hours when awake.

I have experienced very gratifying results with this remedy in rheumatism, where the heart seemed to be in a very excited, labored, tumultuous state, the little patient was unable to lie down, without apparent suffocation, this with appropriate remedies for the rheumatism soon relieved the heart difficulty to convalescence.

It is a remedy not to be forgotten in severe cases of typhoid fever, especially in old people, where heart failure is suspected. It supplies a very important place in the treatment of Angina Pectoris, as well as in diphtheria maligni,

where the cardiac plexus of nerves so frequently suffer from the paralyzing effects of the diphtheritic poison in the young.

In fact I do not think its use contraindicated in any case inflammatory or not, if you have the excited condition of the heart to contend with. I would very much dislike to be without this valuable remedy.

CANNABIS INDICA.

My experience with the Indian Hemp is limited. I have treated successfully recent cases of gonorrhea with it alone except a dose of anti-bilious physic for its cathartic effect, as follows:

R. Tr canabis Indica	3ij
Aqua pura	3jv

M. Sig.—Teaspoonful every three hours when awake taking a full dose of the physic at night.

I have also administered it with very gratifying results in the severe neuralgic headache of drinkers, after a debauch, in doses of drops xxxx repeated in two hours if necessary.

Doubtless it will on investigation develop other important properties.

COLLINSONIA CANADENSIS.

This is one of the most important remedies in the materia medica in the successful treatment of chronic laryngitis, caused from over work or straining of the vocal organs, as in public speaking, singing, where the voice becomes rasping, hoarse, irritable from use, as in loud reading, continuous talking in a close warm room, not unlike many of our school rooms. In order to obtain success in the treatment in these cases, absolute rest to the vocal organs is as necessary as is the splint to the fractured bone, together with the vinegar pack at night, to the throat, bathing off in the morning in cold or tepid water, drying with brisk friction. For the treatment of this troublesome disease, we would commence with the following.

R. Tr colinsonia can	3j
Tr Spongia tost	3ss
Aromatic Elixir Zerba Santa	3ij
Syrup simplex	3j

M. Sig.—Teaspoonful every four hours.

Should there be an asthmatic complication. Tr Ptelia Friz may be added.

The Yerba Santa is added for any bronchial trouble that may be present. The Spongia, has a special affinity for the throat, in croup trouble. It is a valuable remedy in the treatment of hemorrhoids or the hemorrhoidal condition, varicose veins, heart disease from irritation as in excited action of the heart, constipation. It will repay study, try it gentlemen.

DIOSCOREA VIL.

The wild yam is a specific remedy in bilious colic, as I have learned from actual observation, combined with Tr Nux Vomica its action seems to be enhanced. I have treated some very severe cases of bilious colic with this remedy, and though seemingly slow, always recover. Specific tincture of arnica should always be administered in combination with this remedy in severe cases, in order that the sore bruised feeling of the bowels that obtains subsequently may be averted as follows viz:

R. Tr Dioscorea vil	3ij
Tr Nux vom	gttsv—X
Tr Arnica mint	gttsX—Xv
Aqua pura	3jv

M. Sig.—Teaspoonful every thirty to sixty minutes until relieved.

DROSEIRA ROTUND.

This is a remedy that I very much prize in the treatment of measles; both during and after the eruption, to relieve the cough, so liable to follow this dread disease. If administered from the onset of this affection, we rarely have any after trouble with cough, unless the patient refuses to obey the injunction of his medical advisor, gets up and out too soon, much to his regret in after years.

In a case of Rubeola I usually prescribe something as follows, meeting indications as near as possible as

R. Specific Tr drosera rotund	3—3j
Specific Tr asclepias	3ij
Tr Veratum vird	gtts vj—X

Aqua menth vird

℥jv

M. Sig.—Teaspoonful every hour until eruption is out then less frequent.

It has invariably served me well, try it in all irritative coughs.

DELPHINUM STAPHISAGRIA.

I have used the staphisagria with good, and think in many cases with curative effect in gonorrhœa, llucorrhœa spermatorrhœa. It usually has a place in my prescriptions in these diseases in combination with other remedies as pulsatilla, nux. macrotys, gelsemium, etc. In a case of clap, it is best to subdue the inflammatory symptoms before prescribing the staphisagria, with such remedies as may be indicated, then follow with

R. Tr staphisagria

℥ij

Aqua pura

℥jv

M. Sig.—Teaspoonful every two to four hours.

DIGITALIS.

I have never used the fox glove until of late, having been in former years, partial to the cactus grand, "lily of the valley," in some of the diseases calling for this remedy, but am now using it as indications may present, consequently can say but little concerning its value from actual experience, but have no doubt in well selected cases, it will prove a valuable remedy used in very small doses.

It has a place in my pocket case.

EDITOR CAL. MED. JOURNAL.—I wish to call the attention of medical practitioners to the fact that the Cal. Drug Store 1420 Folsom St., has a full line of Wm. S. Merrill Co's fld. exts. The name is well known to Eclectics and is sufficient guarantee as to their efficacy and reliability. Remember this. A. E. SCOTT, M. D.

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For sale first class Prescription Drug Store, well located, an excellent opportunity for a doctor to establish himself in the city, and practice if he so desires; for further particulars enquire of Editor Cal. Med. Journal.

Certainty in Therapeutics.

BY JOHN FEARN, M. D., OAKLAND, CAL.

Profesor of Materia Medica and Therapeutics, in the California Medical College.

No class of men are thrown more upon their own resources than physicians. Emergencies arise in active practice almost every day, that test the man; and when we remember that the prize which is at stake is not some mere trifle, but it may be health or even life that trembles in the balance, it behooves the conscientious physician to make use of every aid, and diligently endeavor by all means to qualify himself to meet these emergencies. In surgery remarkable progress is being made. Procedures once thought perfect are being thrown aside every day, and in their place methods introduced which bear the stamp of the progress of this last decade of the nineteenth century. A good deal of this progress is due to the fact that much of surgery is mechanical; the surgeon can see and feel the difficulties which he essays to remove or correct.

But in therapeutics how different. That aching head, those throbbing nerves, that elevated temperature, those frightful spasms. These things are not the disease, they are only the manifestations and evidences of the disease. For the cause of these manifestations—the disease itself, we must look deeper. And in the search we shall need the best aid we can get, that we may be successful in our quest. The experiences of men who have grappled with disease and which experience, is recorded on the pages of current medical literature ought to be a guide to us. And yet we know by experience, that a large percentage of therapeutic teaching is not safe to follow. The thing that would strike any observant reader, in reading much that is written on the subject, would be that everything is uncertain.

Look up the subject in connection with any really serious disease, and, where remedies are prescribed, there is to much

of, "You may use such and such a combination of drugs." "or," In this disease such and such remedies have been used." "or, Such an authority recommends this or that drug." In need hardly say to intelligent men that while we follow such teaching we shall make no real progress in therapeutics. We must get rid of this uncertainty in therapeutics. A person has the dysentery. Have we a combination of drugs that will meet this condition and conquer the disease? We might think of the old "white liquid physic."

But will that cure? It has in scores of cases; and adopting the language of our old school friends we might say it has been found useful in dysentery, but this is all uncertainty.

Is there a better way? We reply yes. Study that case of dysentery, in its own individual manifestations. Are those discharges due to the presence of hardened feculent matter? Sweep it out. Or it may be that continual tenesmus and discharge of mucus is due to real inflammation. By gentle means get rid of that inflammation. Very small doses of specific ipecac and aconite together with a good abdominal pack will many times be all that will be needed.

You see the point. We try to find the cause of the dysentery then remove it. And so with every case of disease. In this kind of medication we have very little use for combinations and formulas. It is direct medication. In other words we believe disease expression is the outward manifestation of a basic wrong; when that wrong is removed the disease is gone, or, if you will, it is cured.

Outside our own school and that of the homœopathic I find very little in the books, of this kind of teaching. To my thinking one book published on this line, is worth a cart-load of books filled with the old kind of uncertain therapeutics. Pardon me for calling your attention to a book recently issued by H. T. Webster, M. D., on the Principles of Medicine. I have been delighted with it; I do not say it is perfect, it is not. When I remember how the author has been hampered with business while the book has been going through the press, I am surprised it is as perfect as it is. But I hesitate not to say, it is one

of the best little books that has been issued for a long time. Do not look in it for favorite formulas for you will be disappointed; but there is something better. There is scarcely a page in the book, but what contains some seed thought, which in itself is worth more than the subscription. These thoughts give value to the book. They are calculated to set the physician thinking on lines he never traversed before, and that will do him good.

In these days doctors should think for themselves, and not bow down to the dictum of *path* or *pathy*. I would say to my fellow physicians, Get this book, and it will set you to thinking on the line of *Certainty in Therapeutics*.

A Reply

BY A. E. SCOTT, M. D., SAN FRANCISCO.

EDITOR CAL. MED. JOURNAL:—

In one of the previous issues of the journal I wrote a short article calling attention to the use or application of certain remedies to conditions not taking time or space to write a treatise on the cause of those conditions, and headed the article for want of a better term, "A Medical Catechism." Some one signing himself W. A. B. has tried to criticise some parts of it and heads his article, "The height of folly is inconsistency," and certainly demonstrates that fact by his article. The writer does not give his name, simply W. A. B. which evidently means "Writer *Anent* Brains" or possibly "Waked up About Brotopyrine" though I did not think it potent enough for that. I hope it is, Write Again Brother, and never mind about Moses, and The Dark Ages or our Fore Fathers, they are *dead*, give us something new and alive if it should happen to be a remedy we know nothing about or never heard of.

ORGANIC CHEMISTRY

BY PROF., M. H. LOGAN, Ph. G., M. D., SAN FRANCISCO CAL.

Professor of Chemistry and Toxicology, in the California Medical College

SALTS OF PROPYL.

(See third isologous series in table No. 5)

Propyl C_3H_7 is a radicle with the same characteristics as the previous radicles. **Depropyl** $C_3H_7-C_3H_7$ or $(C_3H_7)_2$ is found in ordinary illuminating gas.

Propane C_3H_8 , ethyl methyl $C_2H_5-CH_3$, occurs dissolved in crude petroleum, and is most conveniently prepared by the action of Zn and HCl on two propyl Iodides $2C_3H_7I$ it is a gas but becomes a liquid below 17° , alcohol dissolves about six vols. of it.

Propyl Ether $(C_3H_7)_2O$. There are two isomeric propyl ethers, the normal boils at 86° , the isopropyl boils at 60° to 62° it forms isopropyl iodide. Several esters are known; the isoamyl ester of propionic acid $C_3H_5O_2$ C_5H_{11} boils at 160° , and has the odor of pine apple, and is used in manufacturing pine apple flavoring.

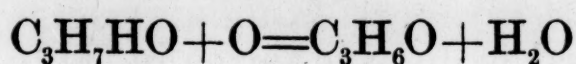
Propyl Hydrate, or propyl alcohol C_3H_7HO exists in two isomeric forms. Normal $CH_3CH_2CH_2OH$, and isopropyl $CH_3CH[OH]CH_3$. Normal propyl alcohol is produced in minute quantities during the fermentation of sugars, in large quantities from the fermentation of grape husks; it is an agreeable smelling liquid with a sp. gr. of 0.8044 at 20° , it boils at 67.4° . The boiling point is materially affected by slight addition of H_2O , as a hydrate is formed, which boils at 87° . It is miscible in all proportions with H_2O , but on addition of $CaCl_2$ or other substance having a great affinity for H_2O it separates again. Hence it is insoluble in cold saturated solutions of $CaCl_2$: this distinguishes it from Ethyl alcohol. Under the influence of oxidizing agents, it



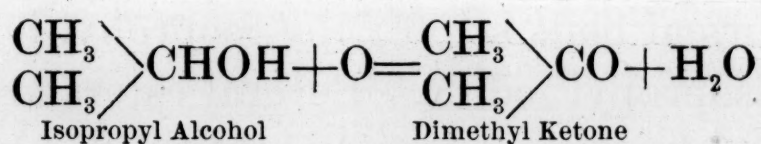
passes into propionic aldehyde and propionic acid. When heated with 5 vols. of H_2SO_4 propylene is formed.

Isopropyl, or **secondary propyl alcohol** $[\text{CH}_3]_2\text{CHOH}$, may be prepared from acrolein, propylamine, acetone etc., it boils at 82.8 and has a sp. gr. of 0.7887 at 20° . It is miscible with H_2O , alcohol and ether, KHO will separate it from its aqueous solutions. Oxidizing agents convert it into acetone.

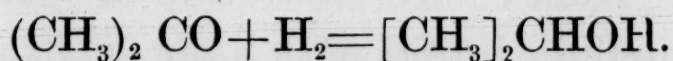
Propyl [propionic] aldehyde $\text{C}_3\text{H}_6\text{O}$ or $\text{C}_2\text{H}_5\text{CHO}$, is the result of the oxidation of normal propyl alcohol.



it is very similar to acetaldehyde, it boils at 49° , and has a sp. gr. of 0.8066 at 20° . Isopropyl or secondary propyl alcohol does not oxidize into an aldehyde, but forms a **Ketone** which is a compound of the radicle CO with two alkyls, whereas an aldehyde is a compound of the radicle COH with one alkyl. All primary alcohols oxidize into aldehydes, and all secondary alcohols into ketones. Conversely, aldehydes and ketones, by the addition of H, again become primary and secondary alcohols.



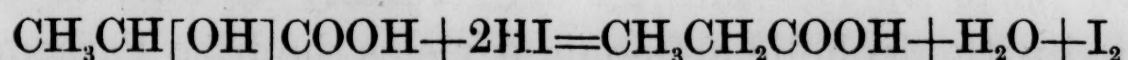
Dimethyl Ketone $[\text{CH}_3]_2\text{CO}$, commonly known as **Acetone**, is obtained by the dry distillation of tartaric, or citric acids, sugar wood etc. It is a mobile peculiar smelling liquid, boiling at 56.5° and having a sp. gr. of 0.7920 at 20. It is miscible with water, alcohol and ether. When in aqueous solution sodium amalgam [Nascent H.] by furnishing H converts it into its proper alcohol, the isopropyl.



Chromic acid oxidizes acetone into acetic and formic acids. To an aqueous solution of acetone add KHO, and I, the reaction produces CHI_3 , iodoform.

Propionic Acid $\text{C}_3\text{H}_6\text{O}_2$ or $\text{CH}_3\text{CH}_2\text{COOH}$. This acid like all other organic acids contains the Carboxyl radicle COOH. It may be obtained by the oxidation of normal propyl alcohol with chromic acid, or the oxidation of oleic acid with HNO_3 ,

also from acrylic acid and nascent H, or by heating lactic or glyceric acids with HI.



Propionic acid is a colorless liquid, with a penetrating odor, it boils at 140° and has a Sp. gr. of 0.992 at 19° .

The haloids combine with propionic acid in several proportions, forming many isomeric compounds,

THE SALTS OF BUTYL.

Butyl C_4H_9 is the radicle of the fourth isologus or Butyl series.

Butane (Tetrane) C_4H_{10} , has two isomerides. Normal butane is a gas, and occurs in crude petroleum, it condenses to a liquid below 0° , it boils at $+1^\circ$. Isobutane condenses to a liquid at -17° .

Butyl Oxide or ether $(\text{C}_4\text{H}_9)_2\text{O}$. The ethers of Butyl exist as esters, having both the alcohol and acid radicles.

Ethyl Butyric Ester $\text{C}_4\text{H}_7\text{O}_2\text{C}_2\text{H}_5$ boils at 120° and has a pine apple odor, it is employed in the manufacture of artificial rum. Its alcoholic solution, is the artificial pine apple oil. The oil is manufactured on a large scale by saponifying butter with NaHO , and distilling the product with alcohol and H_2SO_4 . There are a number of other compound esters of butyl, but they are of no practical importance at present.

Butyl Hydrate, or alcohol $\text{C}_4\text{H}_9\text{HO}$. Four isomerides are possible; two primary, one each secondary and tertiary. The normal $\text{C}_3\text{H}_7\text{CHOH}$ is obtained from the fermentation of beet root, also fermentation of Glycerole in the presence of schizomycetes it is an agreeable smelling liquid with a Sp gr. of 0.8099 at 20° and boils at 116.8 .

Isobutyl Alcohol $\text{C}_3\text{H}_7\text{CH}_2\text{OH}$, occurs in fusel oil especially, when obtained from the potato, it has the fusel oil odor, and boils at 108.4° . The secondary and tertiary alcohols are of no importance.

Butyl Aldehyde.—Two isomeric aldehydes exist, and correspond with the two primary butyl alcohols. Normal $\text{CH}_3\text{CH}_2\text{CH}_2\text{COH}$ form normal butyl alcohol, is a liquid boil-

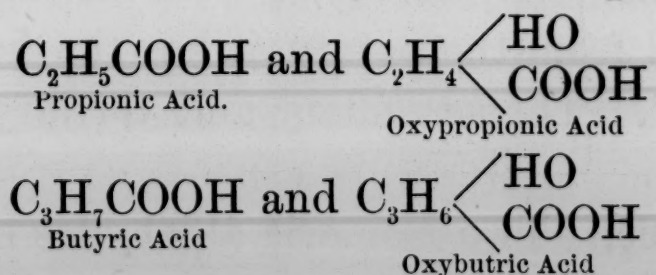
ing at 75° , and has a Sp. gr. of 0.8170 at 20° . It dissolves in 27 parts of H_2O and oxidizes readily to butyric acid. Heated with alcoholic ammonia, it yields the base Paraconine $C_8H_{15}N$, which boils at 170° , and is very similar to conine $C_8H_{17}N$.

From normal butraldehyde, mono di and trichlorbutyr-aldehydes are obtained, the latter CH_3CHCl_3COH is butyl-chloral, and is obtained from croton-aldehyde, by the action of Cl , it is a heavy oily liquid like ordinary chloral, and takes up water of crystallization and becomes butyl-chloral-hydrate, it is improperly called croton chloral, and is sometimes substituted for ordinary chloral.

Isobutryaldehyde $(CH_3)_2CHCOH$ has a Sp. gr. of 0.7898 at 20° and boils at 63° , it yields isoparaconine, which is similar to conine, it boils at 146° .

Butyric Acid, $C_4H_8O_2$ — $HC_4H_7O_2$ or $CH_3CH_2CH_2COOH$, is the result of the oxidation of butyl alcohol, it is obtained by the fermentation of butter, cod liver oil, cheese, fats, goats milk, tamarandes, etc. It exists ready formed in the perspiration of beetles. It may be prepared from sugar or starch, by fermentation with cheese, in the presence of $CaCO_3$ for a month or two, and afterwards digesting the Calcuim butrate thus obtained with H_2SO_4 . It may be produced in an impure state from butter, by saponification with an alkaline hydrate, and distillation with H_2SO_4 . It is a clear colorless liquid, burning with a blue flame, and having a mixed odor of vinegar and rancid butter. It is powerfully acid in reaction, and solidifies by intense cold. It is soluble in water, and alcohol—in all proportions, and boils at 162.7° .

Oxybutyric Acids.—Oxyacids have their origin in the fatty acids, by replacement of an H by HO , example.



Four of the five possible isomeric oxybutyric acids are known, but they are of no practical value at present.

A Reliable Emmenagogue.

J. Q. MOXLEY, LEWISTON IDAHO.

After hunting for an emmenagogue and going from pulsatilla to macrotys, and back to tr. iron, without finding the desideratum, you are then prepared for the following, which seldom fails.

R. Fl. Ext. Ergot	3ii
Oil Savin	gtts xx
Oil Pennyroyal	
Oil Tansy	aa 3ss
Tr Aloes et Myrrh	q. s. ad 3ii

M. Sig. A teaspoonful three times a day commencing a week before time of menstruation.

Seasonable Remedies.

Among seasonable remedies, which are supplied by Parke, Davis & Co., are the following:

Chloranodyne, which is an excellent antispasmodic and anodyne in diarrhoeal disorders, gastric troubles and intestinal colic. It combines the therapeutic virtues of morphine, Cannabis indica, chloroform, capsicum, hydrocyanic acid, alcohol, glycerin, and oil of peppermint. It is an improvement upon Chlorodyne, a patented preparation, widely dispensed as an anodyne and antispasmodic.

Liquid Acid Phosphate, the action of which is to relieve symptoms of nervous exhaustion, depression, sleeplessness, melancholia, and increase the vitality. This action is so well recognized that the Acid Phosphate is in considerable demand as a stimulating beverage.

The ordinary dose of the Liquid Acid Phosphate is one-half to one fluid drachm, in a glass of water, sweetened or not according to taste. With carbonic acid water and any suitable syrup, it forms a refreshing and agreeable beverage.

Lime Juice and Pepsin is a grateful refrigerant and anti-scorbutic. It is a prophylactic against many disorders prevalent in the summer months.

SELECTIONS.

Good News from Colorado.

ECLECTIC PHYSICIANS.

The Organization of an Association for the State.

The eclectic physicians of the state met in this city Thursday and Friday of last week at Euclid hall and organized the Eclectic Medical Association of Colorado. Quite a number of physicians and surgeons from different parts of the state were present. Letters and telegrams were received from those unable to attend, signifying their desire to be enrolled as members. Altogether, the meeting was quite enthusiastic.

Eclecticism is not a new thing in the state, but has been rather tardy in coming to the front for the purpose of uniting. There are 117 legally qualified eclectic practitioners in Colorado, but there has never been an attempt made heretofore to organize. The local Eclectic Society was very much gratified at the interest displayed.

Thursday forenoon was occupied in organizing and in electing temporary officers. Dr. E. M. McPheron was elected president pro tem.; Dr. Henry L. Deimen, secretary pro tem.

The following papers were read and discussed at the subsequent sessions:

"Operative Gynæcology," John H. Tilden, M. D.; "Eye Diseases, Resultant and Reflex," E. M. McPheron, M. D.; "Indigestion," Lydia Ross, M. D.; "Qualifications of Physicians and Surgeons," J. M. Hally, M. D.; "Abortion, Its Causes and Management," W. E. Wood, M. D.; "Nasal and Pharyngeal Catarrh," T. W. Miles, M. D.; "Injuries of the Head, With Report of Cases," John E. Walsh, M. D.; "Granulated Conjunctivitis," Mittie F. Bradner, M. D.; "Liberality in Medicine," Henry L. Deimel, M. D.; "The Treatment of Neurasthenia by Electricity," O. C. Mastin, M. D.; "The Physiological Effect of Alcohol," E. P. Crispell, M. D.

Dr. J. W. Walters of Wetmore produced, as a clinic, a patient with a supra-condyloid fracture of the femure, complicated with a rupture of the external lateral ligament.

The election of officers for the ensuing year resulted as follows: E. P. Crispwell, M. D., Leadville, president; E. Hungerford, M. D., Boulder, first vice president; W. F. Bogart, M. D., Black Hawk, second vice president; Lydia Ross, M. D., Denver, third vice president; Henry L. Deimel, M. D., Denver, secretary and treasurer.

Drs. John H. Tilden and T. W. Miles were appointed delegates to the National Eclectic Medical Association convening at Hot Springs, Arkansas, convening two weeks hence.

The convention wound up with a highly enjoyed theater party at the Broadway.

The association will meet again at the end of six months, in this city.
Denver Republican

Vomiting of Pregnancy Cured by Local Treatment of Cervix.—Mrs. S., aged 27, healthy, good personal and family history; six weeks pregnant, fourth pregnancy, vomiting for past six weeks, getting worse all the time. Appetite fair, but vomits all food; vomits during the night if she sits up in bed. Treated during past six weeks without benefit by two or more physicians. There seems to be no evidence of any gastric lesion. Bowels costive, heart, lungs and urine normal, Uterus anteverted. There is flexion of the cervix, which is large and abnormally hard with a slight left laceration; the os red, eroded and tender. I applied arg, nitr. (gr. xl to oz. i) to os and cervix, and put in a boroglyceride tampon. This stopped vomiting for ten hours, when she had a fright which produced symptoms of abortion (pain and hemorrhage); these were overcome by rest and opium. After a few days, on vomiting recurring, the treatment with arg. nit. and tampon was repeated (in all four times), and in the course of ten days vomiting had ceased and she went safely to full term. During first pregnancy she vomited the whole nine months; in the second, vomiting stopped by local treatment in the third month; aborted in third pregnancy.—Dr. Edwards Evans, La Crosse, Wis., MONTREAL MED. JOURNAL.

Gargle For Tonsillitis.—The following has been a very useful gargle in the treatment of tonsillitis, and is highly recommended:

R. Tr. guaiac. ammoniat.,
Tr. cinchonæ comp.,

aa grammes 15.00.

Potassii chlorat.,

grammes 7.50.

Mel. desp.,

grammes 15.00.

Pulv. acaciæ, q. s.,

Aquæ, q. d. ad

grammes 120.00.

M. Sig.—Use as a gargle, and take a teaspoonful every two hours.—*Med. Age.*

EDITORIAL.

It is remarkable; yes, it is beyond the comprehension of an active wide-awake Eclectic who is willing to sacrifice all and endure all, to promote the upbuilding of the principles which has built him up, to see the utter indifference manifested by many who call themselves Eclectics and who are trying to build fame and fortune, on the name Eclectic, and the principles which it teaches; while they never have the *one dollar* to spare to pay for a journal that is espousing their cause and is full of instructive reading. But they always have a dollar to give to a circus, a church social, or for a less praiseworthy object, while they let their home journal languish and perhaps perish, for the want of proper support; or let that support fall on the shoulders and pockets of a few; while they themselves lag behind in the current medical literature of the day and are, and always will be, but mere drones in the profession; achieving but little for themselves and never reflecting credit on the name they have adopted. We trust that every one who receives our journal will lend us their support by sending us one dollar and by contributing to its pages something that will interest its many readers. Every one can if he will, write something. The doctor who could meet and converse with a medical friend and have nothing to tell him concerning his experience in the profession, such a doctor would be a nonentity indeed. Then why not write for the many readers of the journal what you would tell a friend in conversation. This is the way to exchange ideas; and to be benefitted by each others experience. This is the way to make a journal the physician's friend in time of need, his wise counselor. If you have found some particular remedy of more than ordinary efficacy in the treatment of some particular disease or a peculiar form of that disease, why keep it from your professional brethren, and let humanity suffer. Have you ever treated a migraine, a pruritis vulvae or ani, an otorrhoea, hemorrhoids, cystitis, dysuria, diphtheria, scarletina, albuminuria in pregnancy, or have you ever treated

anything? If so and did it successfully, tell your remedies and mode of administration. If you could not treat your cases successfully you would better exchange ideas with some one who *has been* successful. But if the successful one does not write for some journal how are others to get his ideas and treatment. Place yourself in the place of the unsuccessful one and imagine how gladly you would accept the advice, based on a successful experience, of a brother. If you will do this it will perhaps stir up in you magnanimity enough toward your co-laborers, and philanthropy enough for suffering humanity, to be willing to give your successful experience to those whose experience has been less fortunate. It is not the long dry dissertation on some rare disease or hypothetical case that is of interest to the busy practitioner but it is the every day practical case that interests him. It is present help that he needs and is asking for. If a burglar were in a man's house, he [the man] would not begin studying up some plan by which he might defeat a band of brigands in Italy, nor how he might make a house, burglar proof, but his thoughts would be, how am I to succeed in capturing this man right now. And so it will be with you, when you get a case you cannot handle; you will want some one to help you right then in that particular case, and this help you will often get from a good live journal. One that is full of the experiences of the busy workers in the profession. If you do not feel that you have the gift of expressing your ideas on paper and cannot get an article up just as you would like for it to appear before the readers of the journal, send your article in any how and we will help you out to the best of our ability, can you ask more. Think what a newsy and interesting journal we would have, if its many readers would each contribute but one or two articles a year.

v.

Eastern Regulars Becoming More Liberal.

That Eclecticism is founded on truth, and success is ever following in the footsteps of those who practice the principles which it teaches; and that its advocates are rapidly com-

ing to the front and being recognized by the more liberal of the *regulars*, is shown by the following extracts from the Cincinnati E. M. J. These liberal views and actions on the part of their eastern brethren, ought to forever put to shame the egotistical and domineering spirit which has lately been manifested by some *regular* bigots in Oakland.

Southern Hard Sense.—We do not always go to Pennsylvania or New York when we are looking for evidences of "common sense in medicine." Rather would we go South to get outside the curse of medical bigotry.

In Alabama the Medical Association meets at Huntsville April 14, and preparatory to that meeting the medical and Surgical Society of Montgomery County has considered the subject of consultations between all legal physicians, and passed a resolution in favor of it, and will urge its adoption by the State Society. It says:

"We have deliberately invoked the intervention of the State in the regulation of the practice of medicine, and it is incumbent on us to accept in good faith all the necessary consequences of that intervention. In the meantime it is fortunate for us that we can do this without violence to either the letter or the spirit of the ethics.

"As to the additional qualifications of the rule under discussion, that viz., which relates to "practice based on an exclusive dogma to the rejection of this accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry," we are authorized to assume that it cannot be made a serious issue in Alabama; because with us no person is allowed to engage in the practice of medicine until his knowledge of the branches mentioned has been determined by written examination, and his fitness to practice vouched for by a board of medical examiners appointed by us, and conducting examinations under our supervision. It would present an example of singular inconsistency if we should, through one of our medical boards, certify to the people of the State that a certain physician was competent to practice medicine, and yet at the same time take the position that he was not a fit person to be met in consultation."

Separate Boards of Medical Examiners for the State of Wisconsin.—The Wisconsin Legislature has recently passed an act creating three boards of medical examiners, representing the Wisconsin State Medical Society, the Homœopathic Medical Society, and the Eclectic Medical Society of the State respectively. Each board is to consist of three members who shall serve for three years, their terms so arranged that one shall be retired each year, his place being filled by the appointment by the Governor of a new

member from a list of candidates submitted by the respective societies.

Personal.—Since the last issue of the journal the term of service of Dr. W. H. Dickinson as a member of the Iowa State Board of Health expired, his appointment being for the unexpired term of Dr. J. D. Miller, who has removed from the State. The Governor, in just recognition of the Eclectic school of practice, which has always been represented upon the Board until the resignation of Dr. Miller, appointed Dr. E. H. Carter, of Des Moines. Dr. Carter is a practitioner of many years' standing, and is well known throughout the State and nation as a prominent representative of the Eclectic school of practice. A better selection could not have been made.

Took a Medal.—I should have said we *earned* a medal at the last Paris Exposition, and received it through the Department of State March 5th of this year. In 1888 a request came from the Department of Education that the Eclectic Medical Institute make an exhibit at the Exposition Universelle, 1889, of our methods of instruction, our text-books, etc. In answer to this request, we sent our catalogue for some twenty years, order of lectures, catalogue of graduates, bound Journal of 1888, and some eighteen text-books written by members of the faculty. The directions were--that when the Exposition was over the books be deposited in the Bibliotheque Medicale.

I suspect it was the largest and best medical college exhibit from America; at any rate, it commended itself to the committee, and the medal was awarded. As it represents hard work and good work, we take pleasure in its reception, and as we can not send it around to the graduates of the Institute, we will do the next best thing—have it engraved for the next issue of the Journal.

One of Our Graduates.

We are happy to learn that Dr. D. W. Reese, of Weaver-ville, and who was one of our graduates last year, is rapidly getting to the front, as the following extract from the *Trinity Journal* shows.

Ordered, That J. C. Montague, S. L. Blake and D. W. Rees be and they are hereby appointed to have the care and maintenance of the County Hospital of Trinity County, California, for the year commencing July 1st, 1891, and ending June 30th, 1892, and that they shall receive therefore the sum of \$2800.00, payable quarterly

in warrants drawn on the Hospital Fund and that they shall give a bond therefor in the sum of \$3000.00.

Ordered, That J. C. Montague, S. L. Blake and D. W. Rees be and they are hereby appointed physicians to furnish medical attendance for the indigent sick and dependent poor in the County Hospital of Trinity county, California, for the year commencing July 1st, 1891, and ending June 30th, 1892, and that they shall receive therefore the sum of \$100 payable quarterly in warrants drawn on the Hospital fund, and that they shall give a bond therefore in the sum of \$1000.

Picnic.

On Saturday, June 13th, the Faculty and Students of the California Medical College visited the establishment of Clinton E. Worden & Co., Manufacturing Pharmacists 214, 216, 218 & 220 Townsend street, San Francisco, and made a tour of inspection of the works. The unanimous expression was one of satisfaction at the completeness of the plant.

A variety of Pharmaceutical apparatus was seen in operation, among them, machinery for compressing tablets, making and coating of pills, manufacture of filled Gelatin Capsules, Lozenges, etc. A new and improved form of Percolating apparatus was also shown for the production of fluid extracts on a large scale.

The very enjoyable occasion was graced by a number of lady physicians, who evidenced a deep interest in noting the advances made in practical pharmacy.

After the tour inspection, a collation was served in the sample room, affording an opportunity for the expression of views and sentiments of those present regarding the relation of the physician to the pharmacist, from which it was evident that a more frequent approaching together, would result in a better understanding of each other, and a harmonious co-operation for the common welfare and interest of humanity.

Among the speeches made, which were numerous and provoked hearty applause, we condense this one; Dr. C.Z. Ellis, of the senior class, being called for, responded as follows:

Ladies and gentlemen:—

I like warm hearted, generous hospitality; I like

Worden and Company. I like their lunch, the attaches of the firm, in fact, the entire institution. I like the attention we have received to-day, and their method of advertising.

They have discovered that there is no way of reaching the heart of the average Medical Student or practitioner quite so direct as the route through the stomach. It surely is but voicing the sentiments of all when I say, "Messrs. Worden and Company, you have made a friend of each one present, who will be glad to give to your pharmaceutical products the commendation which they deserve."

These preparations must necessarily deserve praise, for your plant is complete, and your methods correct. You have demonstrated that you have both the ability and desire to choose such raw material, and to handle it in such manner, as will produce a drug the equal in beauty, purity and efficacy of any manufactured in the United States.

We have good reasons for congratulating ourselves that we have this firm in our midst; and I propose that we arise and drink, to the bottom of our glasses, a toast to the health and long-continued prosperity of Messrs. Worden and Company.

We must apologize for the mistakes made in proof reading and in other respects in the journal. In Dr. Murray's article the paging was so bad as to make it impossible for any one to read it intelligibly. Several journal readers have nearly lost their reason trying to find out what the Doctor was driving at.

As we are getting things in better running order, such things will not likely occur again. c.

Dr. Bishop of Nevada has located in San Francisco. His residence is 1016 Golden Gate Avenue. The Doctor has located here for the practice of his profession and we bespeak for him great success. For many years he has had the superintendency of the State Asylum in Nevada and is consequently well versed in nervous disease. He has not selected an office yet. c.

Climatic—we often wonder if the doctors—very many of them—appreciate the necessity of change of climate for their delicate patrons. This has been a late Spring, the average temperature being much below the ordinary. The inhabitants of the northern part of our coast and particularly of San Francisco have suffered from this. It is a notable fact, and one with which most persons are familiar, that invalids and very old people succumb to those long cool springs. It is very interesting and gratifying too (without it be to the undertaker) that in this favored land, California, nature has furnished a relief and remedy for people who suffer from unseasonable weather of any kind or in any locality, for here within a few hours ride can be experienced any degree of temperature desirable. Our capillaries here in San Francisco may never be distended with blood without it be through great physical exertion or the Turkish bath. Strong people may take the physical exercise but delicate ones can not, neither can they subject themselves to artificial heat for long periods and many not at all. For those who are otherwise healthy but whose lives are in-door and mostly in the shade this climate is particularly trying. Add to these ordinary influences, an unseasonable cool spring and disease may be added to delicacy and in extreme cases death to disease.

The moral is that you should send such people to the warm inland country. There they may have their capillaries distended without physical exertion.

Neuralgia, rheumatism, colds, insomnia, polyuria and cold hands and feet are a few of the symptoms produced by this continuous exposure to a low degree of temperature. Not many days since we had an experience to demonstrate the above. We spent four days in the tropical heat of Tulare. We basked but not in the sunshine—the shade was warm enough—we enjoyed the warmth and the company of my friends but if that was our residence we would need the climate of San Francisco once in a while as much as we did theirs.

c.

Should Young Physicians Marry—(Reference is here made to

males). It is conceded that the genius of the artist, poet and to an extent that of the man who is in any field of literature is handicapped by a matrimonial alliance. In a measure this is true of the professions, law, ministry and medicine. It may not interfere with pecuniary accomplishments but will most likely impede his progress in learning. If a young man has an ambition to gratify—if he feels that he cannot be satisfied by ordinary attainments, but that he must have the training and learning of the most eminent in the profession it is well for him to hesitate and think before he gives way to the prevalent opinion that all physicians should be married.

This is the most urgent incentive of the young graduate and many a one in later life has been led to regret that action of his youth. It is not uncommon for a lady to refuse to employ a young physician because he is not married and single ladies do not submit to delicate examinations by the celibate as she does to the physician of a family. This demand of the community is founded on a sentiment somewhat deeper than at first it may appear. If a physician has a wife for whom he cares as he ought, he would naturally respect the wife of his patron. If he has a daughter whom he loves he would naturally treat the daughter of his patron as he would have his own treated. The community infer, and with some possibility, that if a man lives a life of sexual liberty he might not be so careful to respect the sacredness of the family ties of others. Admitting all this to be true, and that the young physician who prolongs his singleness is the loser in some instances, is this a sufficient reason that he sacrifice his devotion to his profession which in most instances he will likely do by marrying. We would not be understood to favor celibacy in the physician but think for at least two reasons matrimony should be deferred until he is acquainted with his own desires and determined the department of medical practice adapted to his tastes and capabilities and trained himself completely in the practical details of it. There comes a time when the practitioner of medicine feels that he has laid his foundation and that he may let loose, so to speak

from the severe application to study and other kinds of investigation and reap the reward by applying his knowledge to every day practice. This is the time for him to marry and his age is from thirty-five to forty.

There is another reason why the young physician should defer matrimony. There are great temptations in the daily practice of the physician to swerve him from the path of rectitude in his conduct with his lady patients. Youth and beauty has its charms and the sympathies between physician and lady patient are often deep and intense and too often kindle unbidden and unwished for passions that can but be dangerous to the peace of his home.

If there must be a time when men will live careless lives let it be before they marry and particularly this should be the case with physicians. Let him finish his education and be ready to settle down to his life work, and have matured his knowledge of himself and women so that his choice may be final. In this way his domestic life may be peaceful and gratifying to himself and others concerned. c. •

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BOOK NOTES

The Action, Therapeutic value and use of the Carlsbad Sprudel Salt and its Relation to the Carlsbad Thermal water. By Dr. W. Jaworski of Krakow, with Dietary by translator A. L. A. Lobaldt, Philadelphia, P. Blakeston Son & Co. 1012 Walnut St. 1891.

The reputation of Carlsbad Thermal Waters is established and has been for 200 years. It becomes a question of the salt of this water is used at home by comparison what may be expected as a result. This book proposes to inform the inquirer just what this result will be. Anyone wishing information of this kind will undoubtedly find it here. It has 100 pages and would probably cost \$1.00.

Practical Points in the Management of some of the Diseases of Children, By I. N. Love, M. D.

This is one of Geo. S. Davis' Physicians Leisure Library. We cheerfully commend these 25 cts. volumes. Monograms of this sort represent the choicest thoughts of the men chosen to write upon subjects of which they are familiar. We remember the time when we were beginners in the practice that such literature would have been of vast importance.

INTERNATIONAL CLINICS,—A Quarterly 1891. Published by J. B. Lippincott Company Philadelphia.

A revised stenographic report of a series of lectures by prominent clinicians and professors in various medical colleges over the land. It is aimed to publish the most practical matter by the authors. All departments of medicine are reported. Those who wish to keep up with the times would be benefitted by subscribing for this Quarterly.

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The Causes, Symptoms, Diagnosis, Pathology and Treatment of Chronic Diseases. By *John King*, M. D. Professor of Obstetrics and diseases of women and children, in the Eclectic Medical Institute of Cincinnati; author of the American Dispensary, American Obstetrics, American Physician, Women, their diseases and treatment, etc.

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The Eclectic Practice of Medicine. By *John M. Scudder* M. D. Professor of the Principles and Practice of Medicine in the Eclectic Medical Institute; late Prof. of diseases of women and children in the same; author of a practical treatise on the diseases of women; of the American Eclectic Materia Medica and Therapeutics; Principles of Medicine; The Eclectic Practice in Diseases of Children; on the use of inhalations; etc., etc. Thirteenth Edition, Third Revision.

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